



MALARIA CASE SURVEILLANCE REPORT

Department of Health and Human Services, Centers for Disease Control and Prevention
Division of Parasitic Diseases (MS F-22), 4770 Buford Highway, N.E.
Atlanta, Georgia 30341

155



State Case No:

DASH No:

Case No:

County:

Form Approved

OMB 0920-0009

Patient name (last, first):

Date of symptom onset of this attack (mm/dd/yyyy): ____/____/____

Physician name (last, first):

Telephone Number: () _____ - _____

Age (yrs): ____ (mos): ____ Sex: ☐ Male
Date of Birth: ____/____/____ ☐ Female
Is patient pregnant? ☐ Yes ☐ No

Race/ ethnicity:

☐ White ☐ Asian/ Pacific Islander
☐ Black ☐ American Indian/ Alaska Native
☐ Hispanic ☐ Unknown/ Not specified

Lab results:

☐ Smear positive ☐ Smear Negative ☐ No Smear Taken

Species (check all that apply):

☐ Vivax ☐ Falciparum ☐ Malariae ☐ Ovale ☐ Not Determined

Laboratory name:

Telephone Number: () _____ - _____

State/ territory reporting this case: _____

Patient admitted to hospital: ☐ Yes ☐ No

Hospital: _____

Date: ____/____/____ Hospital record #: _____

Specimens being sent to CDC? ☐ Yes ☐ No

If yes: ☐ Smears ☐ Whole Blood ☐ Other: _____

Has the patient traveled or lived outside the USA during the past 4 years? ☐ Yes ☐ No If yes, specify:

Country: 1. _____ 2. _____ 3. _____

Date returned/ arrived in U.S. (mm/dd/yyyy): ____/____/____

Duration of stay in foreign country (days): _____

Did patient reside in U.S. prior to most recent travel?

☐ Yes, for \geq 12 months

☐ Yes, for <12 months

☐ No, (specify country): _____

☐ Unknown

Principal reason for travel from/ to U.S. for most recent trip:

☐ tourism ☐ visiting friends/ relatives ☐ student/ teacher

☐ military ☐ airline/ ship crew ☐ other: _____

☐ business ☐ missionary or dependent

☐ Peace Corps ☐ refugee/ immigrant

Was malaria chemoprophylaxis taken? ☐ Yes ☐ No

☐ chloroquine ☐ mefloquine ☐ doxycycline ☐ primaquine ☐ Malarone™ ☐ Other: _____

Were all pills taken as prescribed?

☐ Yes, missed no doses

☐ No, missed one to a few doses

☐ No, missed more than a few but < half of the doses

☐ No, missed half or more of the doses

☐ No, missed doses but not sure how many

☐ Don't know

If yes, which drugs were taken?

If doses were missed, what was the reason?

☐ Forgot

☐ Didn't think needed

☐ Had a side effect (specify): _____

☐ Was advised by others to stop

☐ Prematurely stopped taking once home

☐ Other (specify): _____

History of malaria in last 12 months (prior to this report)? ☐ Yes ☐ No

If yes, species (check all that apply): ☐ Vivax ☐ Falciparum ☐ Malariae ☐ Ovale ☐ Not Determined

Date of previous illness: ____/____/____

Blood transfusion/ transplant within last 12 months: ☐ Yes ☐ No

If yes, date: ____/____/____

Clinical complications for this attack: ☐ cerebral malaria ☐ ARDS ☐ none

☐ renal failure ☐ anemia ☐ other: _____

(Hb<11, Hct<33)

Was illness fatal: ☐ Yes ☐ No ☐ Unknown

If yes, date of death: ____/____/____

Therapy for this attack (check all that apply):

☐ chloroquine ☐ tetracycline/ doxycycline ☐ mefloquine ☐ exchange transfusion ☐ unknown

☐ primaquine ☐ quinine/ quinidine ☐ pyrimethamine-sulfadoxine ☐ Malarone ☐ other (specify): _____

Person submitting report: _____

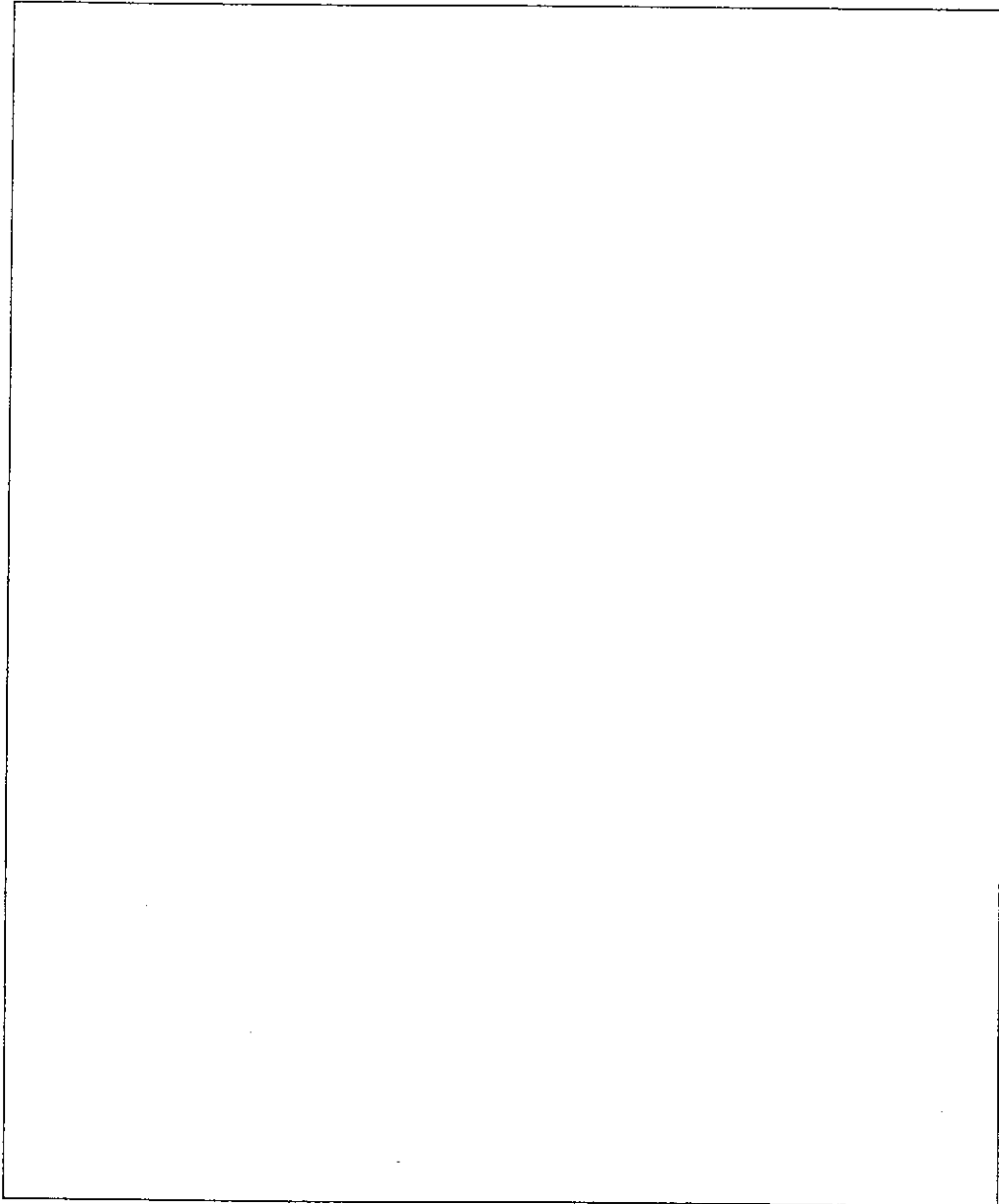
Affiliation: _____

Telephone No.: _____

Date: ____/____/____

For CDC Use Only. Classification ☐ imported ☐ induced ☐ introduced ☐ congenital ☐ cryptic

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Physicians and other health care providers with questions about management and treatment of malaria cases should call CDC, Malaria Epidemiology Branch, (770-488-7788; fax 770-488-7761).

Information on malaria risk and prevention is available at:

CDC's Traveler's Health website <http://www.cdc.gov/travel>
CDC's Traveler's Health Information Service 1-877-FYI-TRIP

Health Information for International Travel is available from the PublicHealth Foundation, 1-877-252-1200. <http://www.phf.org>